

# Homeowner Rehab Set-Up Report

HOME Indoor Plumbing Rehabilitation Loan Program

Subrecipient:  
Contract No:  
County:  
Fax No:

## CHECK THE TWO THAT APPLY:

- |                                                     |                                                |                                          |
|-----------------------------------------------------|------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> LACKING BATHROOM           | <input type="checkbox"/> FAILED/FAILING SEPTIC | <input type="checkbox"/> PRE-1978 HOUSE  |
| <input type="checkbox"/> SUBSTANTIAL RECONSTRUCTION | <input type="checkbox"/> REHAB                 | <input type="checkbox"/> POST-1978 HOUSE |

The HOME statute requires information on assisted properties, on the owners, and other programmatic areas. The information will be used: 1) to assist HOME participants in managing their programs; 2) to track participants in meeting deadlines; 3) to determine if participants meet HOME'S income and affordability requirements; and 4) determine compliance with other requirements. Data collection is authorized under Title II of the Cranston-Gonzalez National Affordable Housing Act or related authorities. Use of Federal funds requires reporting of specific data. Recipients will maintain data records. It may be disclosed. Recipients must ensure confidentiality when public disclosure is not required.

**Note:** Complete for all Rental/Homebuyer/Homeowner Rehab Activities to be set-up.

Check the Appropriate Box:

- |                                              |                                                 |
|----------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Original Submission | <input type="checkbox"/> Change Owner's Address |
| <input type="checkbox"/> Ownership Transfer  | <input type="checkbox"/> Revision               |

## Part A:

1. Activity Number	2. Name of Participant VDHCD	6. HOME Funds for Activity a. Total Funds Requested + \$	
3. Participant Tax ID Number 54-1083047	4. CHDO Tax ID Number N/A	b. Participant Number	c. Dollar Amount of Funds \$
5. Type of Activity (1) <input checked="" type="checkbox"/> Rehab (3) <input type="checkbox"/> Acquisition Only (5) <input type="checkbox"/> Acquisition New Construction (2) <input type="checkbox"/> New Construction (4) <input type="checkbox"/> Acquisition Rehab			\$
8. Name & Phone Number of person completing form Keira Johnson, (804) 371-7061	9. CHDO Loan (1) <input type="checkbox"/> Yes (2) <input checked="" type="checkbox"/> No		\$
		7. Total Estimated Cost of Activity (HOME-assisted units, including other public/private funds) \$	

## Part B: Activity Information

1. Street Address of Activity				
1a. City		1b. State	1c. Zip Code	
2. Name of Owner <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	2a. Last Name		2b. First Name	
3. Mailing Address of Owner				
3a. City		3b. State	3c. Zip Code	
3d. Phone Number	4. Name of Firm (if applicable)	5. Total Units in Activity Prior to Assistance	6. Estimated Units Upon Completion	7. Total HOME-Assisted Units Upon Completion
8. Type of Ownership (Check one box) (1) <input checked="" type="checkbox"/> Individual (4) <input type="checkbox"/> Not-for-Profit (2) <input type="checkbox"/> Partnership (5) <input type="checkbox"/> Publicly Owned (3) <input type="checkbox"/> Corporation (9) <input type="checkbox"/> Other		9. Tenure Type (Check one box only) (1) <input type="checkbox"/> Rental (2) <input type="checkbox"/> Homebuyer (3) <input checked="" type="checkbox"/> Homeowner Rehab		10. Complete for CHDO Activities (Check one box only) (1) <input type="checkbox"/> Owned (2) <input type="checkbox"/> Sponsored (3) <input type="checkbox"/> Developed
11. County Code (to be completed by Centralized States only)				

Activity Address	Activity Number
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[illegible]

1 – 1 Bedroom  
2 – 2 Bedrooms  
3 – 3 Bedrooms  
4 – 4 Bedrooms  
5 – 5 or more Bedrooms

1 – 0 – 30%  
2 – 30 – 50%  
3 – 50 – 60%  
4 – 60 – 80%

y – yes  
n – no

1 – Tenant  
2 – Owner  
9 – Vacant

11 – White  
12 – Black or African American  
13 – Asian  
14 – American Indian or Alaska Native  
15 – Native Hawaiian or Other Pacific Islander  
16 – American Indian/Alaska Native & White  
17 – Asian & White  
18 – Black or African American & White  
19 – American Indian or Alaska Native &  
Black or African American  
20 – Other Multi Racial

1 – Single/non-Elderly  
2 - Elderly  
3 – Related/Single Parent  
4 – Related/Parent  
5 - Other

1 – Section 8  
2 – HOME TBRA  
3 – Other  
4 – No Assistance

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

The HOME statute imposes a significant number of data collection and reporting requirements. This includes information on assisted properties, on the owner or tenants of the properties, and on other programmatic areas. The information will be used: 1) to assist HOME participants in managing their programs; 2) to track performance of participants in meeting fund commitment and disbursement deadlines; 3) to permit HUD to determine whether each participant meets the HOME statutory income targeting and affordability requirements; and 4) to permit HUD to determine compliance with other statutory and regulatory program requirements. This data collection is authorized under Title II of the Cranston-Gonzalez National Affordable Housing Act or related authorities. Access to Federal grant funds is contingent on the reporting of certain activity-specific elements. Records of information collected will be maintained by the recipients of the assistance. Information on activities and disbursements of grant funds is public information and is generally available for disclosure. Recipients are responsible for ensuring confidentiality when public disclosure is not required.

**Sensitive Information:** Some of the information collected on this form is considered sensitive and is protected by the Privacy Act. The Privacy Act requires that these records be maintained with appropriate administrative, technical, and physical safeguards to ensure their security and confidentiality. In addition, these records should be protected against any anticipated threats or hazards to their security or integrity which could result in substantial harm, embarrassment, inconvenience, or unfairness to any individual on whom the information is maintained. Recipients are responsible for ensuring confidentiality when public disclosure is not required.

## Instructions for Completing the Rental/Homebuyer/Homeowner Rehab Set-Up Report HOME Program

Read the instructions for each item carefully before completing the form. Use a typewriter or print carefully with a ballpoint pen. Prepare an original and one copy. Retain the copy.

**Applicability.** This form is to be submitted for every proposed set-up to be funded with DHCD IPR funds.

**Timing.** This report form is used to setup an activity in IDIS so that funds may be drawn down. An amended setup report form should be submitted if an activity is revised or if HOME funding for the activity is increased or decreased, and the change should be highlighted in yellow.

### Part A:

1. **Activity Number.** Leave blank. Will be supplied to the Subrecipient after the set-up is approved by VDHCD.
2. **Name of Participant.** VDHCD.
3. **Participant's Tax ID Number.** Enter the State recipient's Tax ID Number.
4. **CHDO Tax ID Number.** N/A.
5. **Type of Activity.** Check one box to indicate the type of activity set-up based on the following definitions:
  - (1) **Rehabilitation Only.** A HOME-assisted rehabilitation activity that did not include acquisition of real property. Such activities may have involved (a) repairs or improvement of residential unit(s) to bring the unit(s) up to the property standards required by 24 CFR 92.251; (b) the reconfiguration of a structure to reduce the total units in order to increase the number of large family units, (c) the addition of a room or rooms (e.g., bedroom or bathroom) outside the existing walls for purposes of meeting occupancy or code standards and (d) the adding of a unit or units within the existing structure.
  - (2) **New Construction Only.** N/A.
  - (3) **Acquisition Only.** N/A.
  - (4) **Acquisition and Rehabilitation.** N/A.
  - (5) **Acquisition and New Construction.** N/A.

**NOTE:** When activities combine new construction in one building(s) with rehabilitation activities in another building(s) on one parcel of land, the activities, by type of activity (i.e., rehabilitation or new construction), must be administratively set up as separate activities in IDIS.

6. **HOME Funds for Activity.**
  - a) Enter the total amount of IPR HOME funds requested for activity.
  - b) Enter the name of any additional public/private funding as listed on the Project Cost Worksheet e.g.; IPR program income, RD, or SERCAP funds.

c) Indicate the amount of the each additional public/private funding.

7. **Total Estimated Cost of Activity (HOME-assisted units, including other public/private funds).** Enter the total estimated cost (hard and soft costs) for the HOME-assisted units in the activity, including other public/private funds.
8. **Name & Phone Number (Including Area Code) of Person Completing Form.** Already filled in for Subrecipient. Do not alter.
9. **CHDO Loan.** Complete only for activities assisted with funds reserved for Community Housing Development Organizations (CHDOs). Check "yes" if this is a project-specific seed money loan. Already filled in for Subrecipient. Do not alter without contacting your Community Rep.

### Part B: Activity Information

1. **Street Address of Activity.** Self-explanatory.
2. **Name of Owner.** Only property owners or those with life estate rights are eligible beneficiaries. Rental units are not eligible.
3. **Mailing Address of Owner.** For single-unit homeownership activities, enter "NA" for not applicable.
4. **Name of Firm.** For single-unit homeownership activities and other activities which are not owned by a firm, enter "NA" for not applicable.
5. **Total Units in Activity Prior to Assistance.** Enter the total number of units in the activity (both HOME-assisted and non-HOME-assisted units).
6. **Estimated Units Upon Completion.** Enter the total estimated number of units that will be in the activity upon completion (both HOME-assisted and non-HOME-assisted units).
7. **Total HOME-Assisted Units Upon Completion.** Enter the total number of units (upon completion) that will receive HOME assistance.
8. **Type of Ownership.** Individual is the only eligible type of ownership.
9. **Tenure Type.** Homeowner Rehab is the only eligible type of tenure.
10. **Community Housing Development Organization Activities.** Complete only for activities assisted with funds reserved for Community Housing Development Organizations (CHDOs). Check one box only.
11. **County Code.** To be completed only for centralized State activities. Enter the 3-digit county code for the county in which the project is located.

### Part C. Household Characteristics.

Provide information on the characteristics of each household (renter or owner) occupying a unit to be assisted with HOME funds. Complete one line for each unit to be assisted with HOME funds. Enter one code only in each block. If the activity is a 1 to 4 unit owner-occupied rental activity, provide characteristics for tenants as well as for the owner. If information is not available, enter "9." If a unit is unoccupied, enter unit number, number of bedrooms, and occupancy as "9" vacant. **Do not complete for new construction activities.**

**Unit Number.** For rental units, enter the unit number of each unit that will receive HOME assistance.

**Number of Bedrooms.** Enter "0" for a single room occupancy (SRO) unit or for an efficiency unit, 1 for 1 bedroom, 2 for 2 bedrooms, 3 for 3 bedrooms, 4 for 4 bedrooms, and 5 for 5 or more bedrooms.

**Occupancy Code.** Enter 1 if the unit is occupied by a tenant, 2 if it is occupied by a homeowner, and 9 if it is vacant.

**Monthly Rent (Including Utilities).**

**Tenant Contribution.** For homeowners, enter zero.

**Subsidy Amount.** For homeowners, enter zero.

**Total Rent.** For homeowners, enter zero.

#### Income Data.

**Percent of Area Median.** For each occupied residential unit, enter one code only based on the following definitions:

1. **0–30** Percent of Area Median means a household whose adjusted income is at or below 30 percent of the median family income for the area, as determined by HUD with adjustments for smaller and larger families.
2. **30–50** Percent of Area Median means a household whose adjusted income exceeds 30 percent and does not exceed 50 percent of the median family income for the area, as determined by HUD with adjustments for smaller and larger families.
3. **50–60** Percent of Area Median means a household whose adjusted income exceeds 50 percent and does not exceed 60 percent of the median family income for the area, as determined by HUD with adjustments for smaller and larger families.
4. **60–80** Percent of Area Median means a household whose adjusted income exceeds 60 percent and does not exceed 80 percent of the median family income for the area, as determined by HUD with adjustments for smaller and larger families.

#### Household Data.

**Hispanic Y/N:** For each occupied residential unit, enter the ethnicity for the head of household as either "Y" for Hispanic or Latino or "N" for Not Hispanic or Latino. Hispanic or Latino race is defined as a person of Cuban, Mexican, Puerto Rican, South or Central American, other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."

**Race – Head of Household:** For each occupied residential unit, enter one code only based on the following definitions:

11. **White.** A person having origins in any of the original peoples of Europe, North Africa or the Middle East.
12. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as

"Haitian" or "Negro" can be used in addition to "Black or African American."

13. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
14. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains affiliation or community attachment.
15. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original people of Hawaii, Guam, Samoa or other Pacific Islands.
16. **American Indian or Alaska Native & White.** A person having these multiple race heritages as defined above.
17. **Asian & White.** A person having these multiple race heritages as defined above.
18. **Black or African American & White.** A person having these multiple race heritages as defined above.
19. **American Indian or Alaska Native & Black or African American.** A person having these multiple race heritages as defined above.
20. **Other Multi Racial.** For reporting individual responses that are not included in any of the other categories listed above.

**Size of Household.** Enter the appropriate number of persons in the household: 1, 2, 3, 4, 5, 6, 7, or 8 or more persons (for households or more than 8, enter 8).

**Head of Household.** For each residential unit, enter one code only based on the following definitions:

1. **Single/Non-Elderly.** One-person household in which the person is not elderly.
2. **Elderly.** One or two person household with a person at least 62 years of age.
3. **Related/Single Parent.** A single parent household with a dependent child or children (18 years old or younger).
4. **Related/Two Parent.** A two-parent household with a dependent child or children (18 years old or younger).
5. **Other.** Any household not included in the above 4 definitions, including two or more unrelated individuals.

**Rental Assistance:** Not an eligible activity.

1. **Section 8.** Tenants receiving Section 8 assistance through the Section 8 Certificate Program under 24 CFR part 882 or the Section 8 Housing Voucher Program under 24 CFR part 887.
2. **HOME Tenant Based Rental Assistance.** Tenants receiving HOME tenant-based assistance.
3. **Other Assistance.** Tenants receiving rental assistance through other Federal, State or local rental assistance programs.
4. **No Assistance.** Self-explanatory.